

Billing and Policy Long Term Care Bulletin 321

December 2003

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.

2004 HCPCS and CPT-4 Codes: Billing Update

The 2004 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and *Healthcare Common Procedure Coding System* (HCPCS Level II codes) will become effective for Medicare on January 1, 2004. Medi-Cal has not yet adopted the 2004 updates. Do not use the 2004 code updates to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

ICD-9-CM Diagnosis Codes: 2004 Updates

Providers may use the following diagnosis codes for claims with dates of service on or after January 1, 2004. Please refer to the 2004 *International Classification of Diseases, 9th Revision, Clinical Modification, 6th Edition* (ICD-9-CM) for the description of each diagnosis code.

Additions

079.82	331.82	600.90 *	788.63	V45.85
255.10	348.30	600.91 *	790.21	V53.90
255.11	348.31	607.85 *	790.22	V53.91
255.12	348.39	674.50 **	790.29	V53.99
255.13	358.00	674.51 **	799.81 ‡‡	V54.01
255.14	358.01	674.52 **	799.89	V54.02 §
277.81	414.07 +	674.53 **	850.11	V54.09
277.82	458.21	674.54 **	850.12	V58.63
277.83	458.29	719.7	959.11	V58.64
277.84	480.3	728.87	959.12	V58.65
277.89	493.81	728.88	959.13 *	V64.41
282.41	493.82	752.81 *	959.14	V64.42
282.42	517.3	752.89	959.19	V64.43
282.49	530.20	766.21 †	996.57	V65.11 ** ‡
282.64	530.21	766.22 †	V01.82	V65.19
282.68	530.85	767.11 †	V04.81	V65.46
289.52	600.00 *	767.19 †	V04.82 ††	E928.4
289.81	600.01 *	779.83 †	V04.89	E928.5
289.82	600.10 *	780.93	V15.87	
289.89	600.11 *	780.94	V25.03 ** ‡	
331.11 §§	600.20 *	781.94	V43.21	
331.19	600.21 *	785.52	V43.22	

* Restricted to males

† Restricted to ages 0 thru 1 years

§ Restricted to ages 0 thru 21 years

‡ Restricted to ages 5 thru 70 years

+ Restricted to ages 40 thru 99 years

** Restricted to females

†† Restricted to ages 0 thru 3 years

§§ Restricted to ages 0 thru 50 years

‡‡ Restricted to ages 10 thru 99 years

Please see ICD-9-CM, page 2

ICD-9-CM *(continued)***Revisions**

The descriptions for the following ICD-9-CM diagnosis codes are revised: 282.60, 282.61, 282.62, 282.63, 282.69, 414.06, 491.20, 491.21, 493.00, 493.02, 493.10, 493.12, 493.20, 493.22, 493.90, 493.92, V06.1 and V06.5.

Inactive

Effective for dates of service on or after January 1, 2004, the following ICD-9-CM diagnosis codes are inactive and no longer reimbursable: 255.1, 277.8, 282.4, 289.8, 331.1, 348.3, 358.0, 458.2, 530.2, 600.0, 600.1, 600.2, 600.9, 719.70, 719.75, 719.76, 719.77, 719.78, 719.79, 752.8, 766.2, 767.1, 790.2, 799.8, 850.1, 959.1, V04.8, V43.2, V53.9, V54.0, V64.4 and V65.1.

Instructions for Manual Replacement Pages

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Part 2

Remove and replace
forms at the end of the
*Subacute Care Programs:
Level of Care for
Adults and Children*
section:

*Information for Authorization/Reauthorization of Subacute Care Services—Adult
Subacute Program (form DHS 6200 A) **

*Information for Authorization/Reauthorization of Subacute Care Services—
Pediatric Subacute Program (form DHS 6200) **

Remove and replace
forms at the end of the
*TAR Criteria for DP/NF
Authorization (Hudman
v Kizer)* section:

*Family Certification (form DHS 6223) **

*Medical Certification (form DHS 6224) **

Remove and replace: tar sub clk 1/2 *
 tar submis 1/2 *

* Pages updated/corrected due to ongoing provider manual revisions.